Indiana State Police Methamphctamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>08/14/2008</u>	Address:	S.R. 7 @ C.R. 200 N.	
Case #:	<u>431°26202</u>		NORTH VERNON, IN.	
County:	<u>JENNINGS</u>			
Type of Laboratory Scizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (c Residence Outbuilding Vehicle	check all that apply) Ilotel/Motel Open – No Structure Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (cbeck all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: IN VEHICLE Water Reactive Metal (Lithium): IN VEHICLE Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s): Corrosive Acid: Corrosive Base: Other (item and location):				
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agence Fire Department: NORTH_VERNON FIRE		Ephedrin Retail/Me Other: cies that serve the le	Investigative Information Ephodrino/Pseudoephedrine Tracking Log Retail/Merchant Tip Other: ies that serve the location: Fax: 812-346-6749	
Health Department: <u>JENNINGS CO.</u> Child Protection Service: <u>N/A</u>		Fax: 812-3 Fax: N/A		
For further information regarding this methamphetamine laboratory, contact				

Investigating Officer: TRP, MARTIN A. MEAD Phone 812-522-1441

This form is to be faxed to the Five Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.